

**REVOCATION OF POWER OF
ATTORNEY and APPOINTMENT OF
NEW POWER OF ATTORNEY**

Application Number	09/086,719
Filing Date	November 6, 2001
First Named Inventor	Allen
Art Unit	3732
Examiner Name	E. Robert
Attorney Docket Number	Dr. Drew Allen

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number: 021971☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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OR

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Individual Name

Address

Address

City

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State

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Name

Drew D. Allen

Signature

Drew D. Allen

Date

9/19/03

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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